



Canandaigua VA Medical Center Psychology Internship Program

**Canandaigua VA Medical Center
Director of Psychology Training
400 Fort Hill Ave.
Canandaigua, NY 14424
585-394-2000**

**APPIC MATCH Numbers:
Mental Health Track: 217612
Neuropsychology Track: 217611
Applications Due: December 4, 2015**

Accreditation Status

The doctoral internship at the Canandaigua VAMC is a newly established program not currently accredited, but in the process of seeking accreditation.

Application & Selection Procedures

Positions

We are currently funded for 2 positions for the 2015-2016 academic year with a stipend of \$24,566.00. We do not offer non-funded internship positions.

Eligibility

Applicants must meet all requirements for VA internship eligibility, which includes enrollment in an APA-accredited Clinical or Counseling Psychology program, approval for internship status by the graduate program training director, and U.S. Citizenship.

Applicants who match with our site must also be aware of the following Federal Government requirements:

The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other staff members. Interns are also subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. Applicants do not need to submit any documentation for these issues at the time of their application.

APPLICATION MATERIALS

This internship site agrees to abide by the [APPIC policy](#) that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. Additionally our program abides by APPIC policy on nondiscrimination in that we have practices which are nondiscriminatory in regard to race/ethnic background, age, gender, sexual orientation or disabilities.

Our internship program participates in the APPIC match and application must be made through the online AAPI (which can be found at the APPIC website: www.appic.org). No mail or email application materials will be accepted. Please be advised that cover letters must **specify which track(s) you are applying to in the first sentence**. It is acceptable to apply for both tracks. Cover letters must also indicate the applicant's specific interests in our program. Applicant's curriculum vita and three letters of recommendation should also be submitted through the online AAPI. Applications must be completed in the AAPI by November 30, 2014. Applicants are encouraged to complete the application as early as possible before the aforementioned deadline so that ample time will be available for application review.

Selection Procedures and Interviews

Our internship program utilizes a two-part selection procedure. First, application materials are reviewed for basic eligibility, strength of training and experience, and goodness of fit with our program. The selection committee will subsequently develop a pool of applicants to invite for a formal interview based on these criteria. Interviews are an integral part of our selection process, and an on-site interview is required prior to the first Match Phase. We will notify applicants of their interview status by December 12, 2014.

Upon the completion of our interviews, applicants will be ranked in terms of their suitability for our program in accordance with APPIC guidelines.

Approximately thirty candidates are invited for interviews in early January. This final group is ranked, with the results of the ranking being submitted for the Match in February.

Settings

The program is a full-time clinical internship providing 2080 hours of clinical experience. We offer training in a wide variety of clinical settings with diverse patient populations oriented to prepare psychologists to effectively respond to the challenges and changes in the modern health care environment. Training rotations are coordinated across two well established clinical settings that include the Rochester Outpatient Clinic (ROPC), and the Canandaigua VA Medical Center, which also involves the Center of Excellence at Canandaigua and the National Veterans Crisis Hotline.

Canandaigua VA Medical Center, Canandaigua, New York

The Canandaigua VA Medical Center consists of 14 patient care buildings situated on 150 acres. Located just outside Rochester, NY in the beautiful Finger Lakes region of western New York State, Canandaigua VAMC opened in 1933 with a primary focus on inpatient and residential psychiatric treatment. After WWII, the facility expanded to almost 1600 beds. Beginning in the

1960s, Canandaigua VAMC gradually shifted its focus towards providing outpatient medical and psychiatric treatment. Some psychiatric and geriatric residential facilities continue to operate on the campus. At present, the Community Living Centers contain roughly 200 beds, while the Domiciliary programs (PRRTP, DCHV, and Domiciliary) have approximately 80 beds.

Today, veterans receive a full continuum of services through the availability of health screening programs, greater involvement of geriatrics and mental health staff on Primary Care Teams, and expanded partnerships with multiple community healthcare resources. In addition to its longstanding reputation in psychiatric care, the Canandaigua VA has broadened its medical focus to include long-term care. Notable services offered today at Canandaigua VA include Long-term Care, Nursing Home Care, Hospice/Palliative Care, Mental Health Care, Alcohol/Drug Rehabilitation, the Post-Traumatic Stress Disorder Clinic, the Domiciliary Program, Home-Based Primary Care, the Health Care for Homeless Veterans Program, and a variety of other coordinated services.

Rochester Outpatient Clinic (ROPC)

In 1997, the Rochester Outpatient Clinic became affiliated with the Canandaigua VA Medical Center as part of a general reorganization occurring throughout the VA. ROPC is a large outpatient facility, offering a full array of outpatient medical, behavioral health, psychiatric and specialty care services.

Center of Excellence at Canandaigua (CoE)

The Department of Veterans Affairs established the Center of Excellence at Canandaigua VAMC in August, 2007 as a prevention and research center with the primary goal of reducing the morbidity and mortality in the Veteran population associated with suicide. To this end, the Center's mission is to develop and study Veteran-focused, evidenced-based, public health approaches to suicide prevention. The CoE at Canandaigua seeks to meet this mission through serving as a national, regional and local resource on suicide research and prevention and mental health through two key Cores: the Epidemiology and Interventions Research Core and the Education, Training and Dissemination Core. The CoE also supports implementation research on several of VA's National Initiatives, including VA's National Suicide Crisis Line and the Suicide Prevention Coordinator Program. Taken together, the CoE's activities constitute a public health approach to suicide prevention through: (1) conducting research to acquire a better understanding of suicide and attempted suicide of Veterans both in VA care and those not in VA care, especially during periods of transition; (2) conducting studies to examine the impact of implementation of broadly based, national VA suicide prevention initiatives targeting early identification of Veterans at risk for suicide; (3) assessing and disseminating evidence based/best clinical practices for reducing the morbidity and mortality due to Veteran suicidal behaviors; and (4) engaging with community partners to identify Veterans outside VA's healthcare system who are at risk for suicide. The COE at Canandaigua comprises an interdisciplinary team representing the diverse fields of psychology, psychiatry, epidemiology, health services and economics, sociology, nursing, and social work.

National Veterans Crisis Hotline (Suicide Prevention/Homelessness Referral Services)

The Suicide Prevention Hotline and Homeless Call Center are National VHA programs housed on the Canandaigua VA campus. A staff of approximately 120 trained mental health counselors, with the support of 35 additional staff, respond to phone calls and online chats 24 hours a day, 365 days a year. Call Responders and Chat Counselors provide support and crisis intervention for Veterans and those working with or supporting Veterans, such as family members and friends. Staff provide contact information and/or referrals for local VA resources. Staff also coordinate with local emergency responders if the Veteran is imminently suicidal or homicidal.

Training Model and Program Philosophy

The mission of our program is to prepare psychology interns to function dynamically on the cutting edge of the rapidly changing world of professional psychology. The training program is consistent with the Practitioner-Scholar Model that emphasizes the rigorous application of current research findings to psychological treatment and assessment, carried out in an environment that supports serious reflection, thoughtful and theory-based hypothesis testing, thorough competency-based learning of empirically-validated treatments, and strong mentorship. The clinical experience provided allows for exposure to a diverse population while highlighting the development of core skills required of clinical and counseling psychologists. These include the development of diagnostic and formulative proficiency in the assessment of psychopathology, behavior, and emotions; the articulation, testing, and on-going revision of theory- and data-based treatment strategies and approaches; and the development of flexibility and adaptation to a range of problem behaviors, relatively stable psychosocial characteristics, and relatively stable life environments.

The ultimate goal of our training efforts is to prepare our graduates for independent practice where they would operate as effective practitioners, able to deliver both psychological assessment and a wide variety of state-of-the art therapeutic interventions tailored to the needs of various clinical settings; function effectively as consultants in a wide variety of health care settings and as members of multidisciplinary teams; and practice in a highly ethical and professional manner appreciating cultural and individual differences. A constant focus of the training experiences involves the use of scientific methods and perspectives to inform practice: through staying up-to-date on empirically-oriented treatment literature; through developing competencies in empirically- and evidence based- therapies and assessment strategies, through gaining knowledge of research structures, practices and on-going projects in the VA; and through learning to appreciate therapeutic sequences as a series of experimental tasks (a cycle of ongoing measurement, theory-driven hypothesis development and testing, and treatment revision).

Program Goals & Objectives

The goals and objectives of our internship program reflect our dedication to provide a broad training experience designed to further develop the skills acquired in graduate training and externship experiences and to firmly root them in a commitment to empirically-supported/evidence-based, assessment, program design, and treatment, thus preparing the interns for working in a variety of settings.

1. To produce entry-level psychologists with a solid foundation in psychodiagnostic assessment and evaluation through a) the refining of their clinical assessment skills as it pertains to clients' behavioral and/or emotional problems, b) the advancement of their knowledge of how psychopathology, personality, and neurocognitive issues are demonstrated in the context of the client's interpersonal and socio-cultural status, c) the development of skills in the administration of commonly used psychological/neuropsychological tests and assessment tools, and d) the tailoring of assessments to clinical setting (e.g., psychiatric, general medical, rehabilitative, substance abuse) and the characteristics of a patient's unique problems.
2. To foster the professional evolution of doctoral interns through the acquisition and/or further development of flexible and effective psychotherapeutic skills in the context of individual and group outpatient interventions with adults involving both brief and long-term modalities, and emphasizing evidenced based treatments that include but are not limited to Motivational Interviewing, Cognitive Behavioral Therapy, relaxation training, stress management, anger management, and pain management.
3. To train entry-level psychologists to deliver comprehensive care through interdisciplinary collaboration, consultation, and program development and develop and hone their skills while functioning as a productive participant in a multi-disciplinary team involving other health care professionals in a variety of clinical settings.
4. To nurture the interns' individualized development of professional behavior and ethical practice such that at the end of their training they might be able to demonstrate professional appropriate behavior in the context of diverse racial, cultural, and gender issues; achieve a strong professional identity born out of high standards of professional ethics; and manifest a capacity for professional self-reflection and sensitivity to individual and cultural differences in all realms of treatment and assessment.
5. To train entry-level psychologists to effectively utilize scientific findings and literature to inform their clinical practice and demonstrate a scientific approach to clinical interventions that includes critical evaluation of research findings and application, and hypothesis-testing in their own measurement-based clinical work.

Training Competencies

The above-mentioned goals will be accomplished via the fulfillment of internship training competencies that are designed to build upon the basic clinical skills acquired in graduate training and externship experience. To ensure the highest training quality, we have identified training competencies in six broad areas: psychological assessment; psychotherapeutic intervention; interdisciplinary consultation; multidisciplinary treatment planning; ethical and professional development; cultural and individual differences; and scientific/scholarly inquiry.

Psychodiagnostic Assessment and Evaluation. Interns are expected to refine their abilities to make a comprehensive assessment of an individual's behavioral or emotional problems. Such

competency requires advanced knowledge of psychopathology, personality, and neuropsychology, in the context of the client's interpersonal and socio-cultural status. Interns are expected to develop skills with commonly used psychological tests and assessment methods, and refine the skills necessary to tailor assessment to the specific requirements of the client's unique problems and the clinical setting (e.g., psychiatric, general medical, rehabilitative, substance abuse).

Psychotherapeutic Intervention. A major objective of internship training is to further the development of flexible and effective psychotherapeutic skills. Interns are expected to hone their skills in individual and group outpatient interventions with adults in both brief and long-term modalities, with an emphasis on evidenced-based treatments. Training experiences provide opportunities for developing competencies in a variety of techniques such as Motivational Interviewing, Cognitive-Behavioral Therapies, empirically-validated treatments for PTSD, relaxation training, stress management, anger management, and pain management.

Multidisciplinary Treatment Planning. Psychologists routinely function as members of multidisciplinary treatment teams in clinical settings. Interns are exposed to the roles of the psychologist as a team member in a variety of settings, and participate in team treatment planning in order to further develop their abilities to work cooperatively with other health care professionals, and to appreciate the perspectives these other disciplines can offer.

Ethical and Professional Development. The internship program is committed to fostering the development of identity as a professional psychologist, and the values and ethics of the profession of psychology. Interns are exposed to racial, cultural, and gender-related issues in clinical practice; issues of institutional affiliation and dual relationships; and roles and values of professional psychologists in clinical practice, training, and research. Development of professional identity is facilitated by training and supervision.

Cultural Diversity and Individual Differences. We value cultural and individual diversity in our interns and in their experiences. Interns enhance their knowledge of, and appreciation for, the role of cultural diversity and individual differences in professional practice through didactic and experiential training in multicultural issues, and through exposure to a culturally and personally diverse patient population.

Scientific Inquiry. We do not require that interns engage in research while on internship. However we encourage interns to learn the process by which they can pursue scientific and scholarly projects by providing the necessary research educational requirements in the early part of the internship program. Additionally, we expect our interns to effectively utilize the scientific literature to inform their clinical practice, and demonstrate a scientific approach to clinical practice that includes critically evaluating research findings and applications, the use of measurement within the practice of therapy and treatment, and the testing of hypotheses concerning individual client's behavior and functioning.

Program Structure

Internship Structure

The internship starts on or about August 12th each year and lasts for a full calendar year until August 13th. Interns' tour of duty consists of 8:00-4:30 Monday through Friday. The internship is designed as a full-time 40 hours per week program, although occasionally additional time might be necessary to complete clinical tasks, such as assessment reports. To fully benefit from the available clinical experience full-time interns should strive to complete at least 15 hours of face-to-face direct service delivery per week. Interns spend various parts of the week at the Canandaigua facility and the Rochester outpatient clinic.

The internship is organized into three four-month training rotations and interns work in one or possibly two programs during each rotation. We require that the intern complete two major rotations for their track: one providing an inpatient experience, and the other an outpatient experience. The remaining rotation may be used as an elective and may be selected by the intern from a variety of available programs. In addition, there is time dedicated for "out of rotation" training experiences, such as long-term therapy or outpatient neuropsychological or personality assessment. Rotations are selected from the options below based on individual training needs and the program requirements for competency acquisition and broad clinical exposure.

In designing an individualized training plan based on available rotations and educational activities, each intern will meet with the training director at the onset of the internship to develop and modify the training plan as needed. The training director will provide guidance regarding the various options and help the intern's interface with the other supervisors in carrying out the training plan.

Tuesday from 11:00 am to noon time is reserved for a weekly Assessment Seminar which will be conducted by Dr. Bridges and Leslie Charles with the focus of proficiency development in neuropsychological and personality assessments. Thursday mornings are reserved for didactics and case presentation seminars, which will be held in Building 8B GEC conference room. Seminars will take place from 11:00am to 1:00pm, and will cover a variety of topics including but not limited to Cultural Diversity, Ethics and Professional Development, Health psychology, PTSD, Neuropsychological assessment, and Evidence-based treatment. Weekly Psychotherapy seminars will take place on Fridays 11:00-1:00pm and will involve supervision related to individual psychotherapy cases and live case presentations. This will be followed by a weekly meeting with the Director of Training intended for open discussion of issues and concerns that arise during the course of each week. The schedule for the rest of the week will depend on the intern's specific training plan with consequential variability in the weekly schedule of different interns.

A typical training week might look as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	work on rotations, long term therapy, assessments or other clinical activities	work on rotations 11:00 to 12:00: assessment didactics	work on rotations, long term therapy, assessments or other clinical activities	seminars including case presentations and didactics	Group Supervision; weekly meeting with training director
PM	work on rotations, long-term therapy, assessments or other clinical activities	work on rotations, long-term therapy, assessments or other clinical activities	work on rotations, long-term therapy, assessments or other clinical activities	seminars including case presentations and didactics	work on rotations, long term therapy, assessments or other clinical activities

Required Activities

Interns are required to complete the following activities as a part of their training year outside the requirements of their individual rotations:

- Maintain a case load of 5 long-term therapy cases;
- Conduct biweekly Comprehensive Psychological Assessments (including testing);
- Group therapy: at least one weekly group;
- gain experience in Cognitive and/or Behavioral Therapies (can occur in PTSD, Biopsychosocial Rehabilitation Program, outpatient mental health rotations)
- gain experience in Motivational Interviewing (can occur in Behavioral Medicine, Substance Abuse, mental health rotations)

The intern and the training director will develop a tentative plan for meeting these experience requirements, which is then reviewed by the training committee. Specific times assigned to each clinic are coordinated based on the collective schedules of all the interns. Several of the rotations (Integrated Primary Care clinics, PTSD, outpatient mental health services) can or will involve experiences in both locations (Canandaigua, Rochester).

Supervision

Supervision is the primary vehicle for experiential learning and role modeling. Every effort is made to provide interns with an opportunity to broaden their professional thinking through exposure to supervisors representing diverse clinical and theoretical orientations. Interns may also engage in supervision with professionals from other mental health disciplines.

Interns receive a minimum of two hours per week of individual supervision from qualified supervisors in each rotation. In addition, interns receive an additional two hours of group supervision each week in the Friday Seminars with the net total of at least 4 hours of supervision per week.

Evaluation

Evaluation is an integral component of the training program. It serves to assure quality performance and the accomplishment of training objectives. Regular informal and formal evaluation provides feedback about intern performance, ensures timely identification of clinical weaknesses or deficiencies, and guides active remedial efforts. In addition, interns provide routine program evaluations designed to assess the effectiveness of the program and staff in accomplishing training objectives.

Performance Evaluations. At the outset of the internship the interns will complete a self-evaluation to identify personal clinical strengths and weaknesses. Additionally at the beginning of each training experience, interns and supervisors will develop a formal training plan outlining training objectives, required activities, and caseload guidelines for the rotation. Frequently during the rotation, supervisors and interns review the intern's progress in achieving the rotation training objectives, and identify areas requiring improvement. Any necessary changes in the training plan are made as needed. Written end-of-rotation evaluations are completed.

Feedback about each intern's progress in the program is provided to the Training Director of the intern's graduate program at the midyear evaluation and again at the end of the internship.

Program Evaluation. Continuous quality improvement is a major component of the internship program and feedback from interns is critical in evaluating and improving the quality of internship training. In addition to regular opportunities for feedback through supervisory meetings, opportunities for interns to provide direct feedback about the training program are afforded through regularly scheduled group feedback sessions with the Training Director. Additionally, interns are asked to provide formal written feedback about their experiences at the completion of each rotation. At the end of the training year, interns complete a comprehensive evaluation of the program with the training director. This information is used to improve programming for the following training year. Graduates of the program are surveyed periodically to determine how well the program has prepared them for their subsequent careers.

Continued monitoring of training effectiveness is a primary function of the Psychology Training Committee, which meets a minimum of once per month. One intern sits on this committee to represent intern interests. Periodic internship faculty retreats are held to focus exclusively on the evaluation of training standards and objectives, and on program and curriculum development.

Internship Tracks and Rotations

Our internship program allows the opportunity for interns to participate in one of two internship tracks. The **General Mental Health Track** includes outpatient mental health, substance abuse treatment, and work on the Posttraumatic Stress Disorder Clinical Team. The **Neuropsychology/Geropsychology** track includes Neuropsychology, Consultation Liaison, Geriatric Psychology in the Geriatric Extended Care center and Home Based Primary Care. While interns in each program will complete rotations specific to that track, there is a sufficient variety of training experiences available and sufficient flexibility in the design and scheduling of the internship year so that interns can also choose elective rotations in other areas outside their track. Selection of rotations is based on interns' background and interests.

General Mental Health Track

The focus of training in this track is to help the intern learn to develop consistent and well-articulated methods for approaching the application of psychological and behavioral techniques to the amelioration of distress and the promotion of health. These methods require explicit definition of focal problem behaviors, elaboration of relatively stable personal-social characteristics and aspects of the person's life environment which might interact with problem behaviors or treatment, and the coordination of these client variables with staff and treatment variables. Such comprehensive methods lead naturally to the coordination of assessment, treatment, research, and program planning as a coherent whole. Interns completing this track will be prepared to function as a psychologist in a variety of settings or to complete a specialty post-doctoral fellowship.

Areas of emphasis within General Mental Health include:

- assessment and treatment of posttraumatic stress disorder.
- assessment and treatment of military sexual trauma.
- psychology's contribution to the treatment of substance abuse problems and the integration of substance use and psychiatric treatment.
- personality assessment as a guide to treatment planning.
- training, consultation, and coaching for crisis management staff.
- consultation with Suicide Prevention Coordinators (SPCs) and Homeless Points of Contact (POCs) throughout the VA.
- treatment of borderline personality disorder and other behavioral- and emotional-regulation difficulties.
- recovery-based treatment for serious mental illness.
- psychology's role in promoting healthy behavior.
- short- and long-term therapy with primary-care patients at home, including older adults and individuals receiving palliative/supportive care services.
- program design, implementation, management and evaluation.
- psychology department administration.

Neuropsychology Track

Interns completing this track will be specifically prepared to complete a post-doctoral fellowship in neuropsychology in a variety of settings and in accordance with the Houston Conference guidelines. The intern will also be able to participate in research in several of these areas. These include:

- general inpatient and outpatient neuropsychological evaluation with both younger and older adults.
- neuropsychological assessment and the planning and integration of treatment from a polytrauma perspective.
- neuropsychological assessment and behavioral management of dementia in both residential and home settings.

Rotations

Each intern will complete a total of three four-month rotations with two half-time slots in each rotation, for a total of six training experiences. It is expected that General Mental Health Track interns will focus on training experiences in the relevant areas listed above, while Neuropsychology Track interns will complete the majority of their slots in neuropsychology settings. (Neuropsychology Track interns will also want to schedule their neuropsychological training experiences early in the internship year in order to position themselves to apply for post-doctoral fellowships in neuropsychology, since most fellowship programs require that interns complete the majority of their neuropsychology training hours before applying for fellowship.) We want to emphasize again, however, that given the structure of the training program, interns from each track will have ample opportunity to complete rotations in a variety of areas so as to provide them with a well-rounded training experience. Each intern will be expected to have sufficient rotations in assessment and therapeutic interventions to be able to conceptualize cases at a level which specifies concrete problem behaviors or improvement goals, relatively stable personal-social variables which might moderate or mediate the expression of problems, other factors which might interact with treatment effectiveness, life environments which interact with problems or goals, and treatment modalities and environments which might interact with treatment effectiveness.

Each program at Canandaigua VAMC and the Rochester VA Outpatient Clinic (ROPC) is organized around multidisciplinary clinical treatment teams, which may include any or all of the following: psychologists, psychiatrists, geriatricians, social workers, psychiatric and/or general practice nurse practitioners, physicians' assistants, addiction therapists, health care for homeless veterans social work staff, vocational rehabilitation counselors, nurses, peer support specialists, and physical, occupational, speech, and recreational therapists. Each provider contributes content for the treatment plans, but that content is worked out in consultation with the other members of the treatment teams. The programs themselves work together extremely well, often sharing clients and coordinating care across programs, with treatment plans reflecting this coordination. Treatment is also regularly coordinated across the VA Medical Centers in VISN 2, with frequent referrals to and from the Buffalo VAMC, Syracuse VAMC, Albany VAMC, Bath VAMC, the Batavia PTSD and Women's Residential Programs, and the CBOCs throughout the

network. In addition, new software has been purchased by VISN 2 which will allow providers from multiple disciplines to construct a single treatment plan to which each provider contributes.

The following programs will be available to provide training rotations to interns:

Program Name	Features/Stats	Possible Internship Foci
PTSD Clinical Teams (PCT) (Canandaigua, ROPC)	Each PTSD Clinical Team has 2 psychologists and 1 clinical social worker. The two teams share a Military Sexual Trauma specialist and psychiatric consultation with several prescribers.	Prolonged Exposure Cognitive Processing Therapy Military Sexual Trauma Seeking Safety PTSD Assessment
Neuropsychology (Canandaigua, ROPC, HBPC)	Neuropsychological evaluations for various neurocognitive and neuropsychiatric disorders Potential for participation in TBI research project.	Neuropsychology assessment experiences are available at both Canandaigua and ROPC, in the community through Home-Based Primary Care, and in the Community Living Centers. In addition, several research projects are ongoing
Community Living Centers	The psychologist in the CLCs conducts assessments and provides consultation to the treatment teams on behavioral issues.	Behavioral Treatment Planning, Neuropsychology Assessment
Behavioral Health (Canandaigua, ROPC)	Psychologists involved with Behavioral Health work in a multidisciplinary team and provide consultation to other programs.	CBT for Depression Dialectical Behavior Therapy
National Veterans Crisis Hotline (Suicide Prevention and Homeless Call Center)	Psychologists working with the Crisis Line develop protocols and training, consult with responders, and provide support for responders.	Lifeline and ASIST training Call Responder and Chat Counselor Training Development
Psychosocial Rehabilitation & Recovery Program (Canandaigua, ROPC)	The PRRCs are committed to a thorough Recovery-oriented approach to treatment for clients with SMI.	Patient-Centered Therapy Social Skills Training in Schizophrenia Illness Management & Recovery Multigroup Family Psychoeducation Program Planning

Biopsychosocial Rehabilitation Program (Canandaigua campus)	<p>30-bed PR RTP; 25-bed DCHV; 25-bed Domiciliary. Clients typically stay between 6 and 12 weeks.</p> <p>Two Outpatient Substance Abuse Service Programs (Canandaigua, ROPC).</p> <p>These programs are oriented around multidisciplinary treatment teams.</p>	<p>Substance Use Disorder Tx:</p> <p>CBT Relapse Prevention</p> <p>Motivational Interviewing</p> <p>12-Step Facilitation</p> <p>Seeking Safety</p> <p>Treatment Program Design</p> <p>Coordination of VISN2 Programs</p> <p>Personality / PTSD Assessment</p> <p>Cognitive Processing Therapy</p> <p>CBT for Depression</p> <p>Self-Management Therapy for Dep</p> <p>Mindfulness-Based Cognitive Tx</p> <p>DBT Skills Training</p>
Home-Based Primary Care (HBPC)	<p>There are two interdisciplinary HBPC teams, one based in Canandaigua, the other based in Rochester. Each team sees patients within a 50-mile radius. The teams consist of a physician, psychologist, social workers, nurse practitioners, nurses, physical therapist, occupational therapist, and recreational therapist. The teams' total combined average daily census is approximately 300 patients.</p>	<p>Cognitive evaluation with a geriatric focus; short-term and long-term supportive psychotherapy with mostly older veterans in a primarily palliative/supportive home-based setting.</p>

Requirements for Completion

Interns are continually evaluated on the six competencies listed above during each of the training experiences. In addition to end of rotation evaluations, Mastery ratings of specific skills related to these competencies are completed during midyear and end-of-year evaluations. Interns must obtain adequate mastery levels in order to complete the internship. Intern progress is assessed frequently and interns are provided with continual feedback and (remediation if needed) in order to help shape successful development.

Facility and Training Resources

Interns are provided office space for all clinical rotations and activities. Interns also have access to the computer network for clinical and professional development needs. All medical record charting in VA is done on the Computerized Patient Record System (CPRS) and interns have dedicated computers to complete treatment documentation. The training program maintains a "shared drive" on the network which holds a large collection of clinically-relevant professional resources, research articles, patient handouts, and other documents designed to facilitate professional development. Canandaigua VAMC has an excellent medical library, and interns have access to online databases and search help from the librarian. There are copies of statistical software (SPSS) available for use on research projects if desired.

Administrative Policies and Procedures

Interns receive 13 paid vacation days and up to 13 paid sick days per year. Given that leave time is accrued over the duration of the internship (4 hours per 2 week pay period for both vacation and sick leave), interns should not plan on taking an extended leave early in the training year unless extraordinary circumstances arise. Up to 5 days per year may be used as "professional leave" and interns are encouraged to utilize this time for dissertation work/research meetings, conference attendance, and post-doc interviews. It is important to note however that aforementioned activities must be approved in advance by the training director.

Policy on Psychology Trainee Self Disclosure: Consistent with the Ethical Code of the American Psychological Association, psychology trainees in the Canandaigua VAMC are generally not required to self-disclose sensitive topics (e.g. sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. However, situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk, are the only exceptions. This policy was developed and implemented as a means of providing a balance between the need for trust and personal privacy in the supervisory relationship where the supervisor is charged with the care of the patient and the safety of all staff members and trainees. In cases when self disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern.

Privacy Policy: We will not collect any personal information about the students who inquire about the program.

Training Staff

Psychology Staff of the Canandaigua VAMC, Rochester OPC, Center of Excellence, and Veterans Suicide Prevention Hotline/Homelessness Call Center

Name	Degree	Location	Program	Specialties
Bridges, James	PhD; University of Houston 2000	Canandaigua VAMC	Biopsychosocial Rehabilitation Program	SUD treatment, personality assessment, treatment program design, depression treatments
Britton, Peter	PhD; University of Arkansas, 2005	Center of Excellence	Epidemiology and Interventions Research Core	suicide prevention, motivational interviewing
Conner, Ken	PsyD; Wright State University, 1993	Center of Excellence	Epidemiology and Interventions Research Core	suicide prevention and substance abuse

Decancq, Paul	PsyD; Wright State University, 1998	Canandaigua VAMC	PTSD Clinical Team	PTSD, program management, Cognitive Processing Therapy
Dumitrescu, Claudiu	PsyD; Roosevelt University, Chicago, 2005	Canandaigua VAMC	Community Living Centers	Neuropsychology, dementia, /capacity evaluation geropsychology, behavioral treatment, bioethics
Gibson, William	PhD; St. John's University, Jamaica, NY, 1990	Canandaigua VAMC	PTSD-SUD	Psychotherapy with patients with PTSD, depression, serious illness; religion & spirituality; psychology & health; cognitive/capacity evaluation
Henderson, Denise	PhD; University of Georgia, 1987	ROPC	PTSD-SUD	Assessment and treatment of PTSD/SUD comorbidity; assessment of sleep disturbances, behaviorally-based sleep interventions; Imagery Rehearsal Therapy, Seeking Safety
Hoffman, Debra	PhD; University of Rochester, 2006	Canandaigua VAMC / ROPC	Military Sexual Trauma	MST Treatment, Prolonged Exposure
King, Deborah	PhD; Indiana University, 1983	Center of Excellence	Education, Training and Dissemination Core	late-life depression, family systems, suicide prevention, integrated health care for older adults
Koziol, Joy	PsyD; Baylor University, Waco, TX, 1991	Canandaigua VAMC / ROPC	Psychosocial Rehabilitation and Recovery Center	SMI, person-centered treatment planning, Recovery
Matter, Colleen	PsyD; Florida Institute of Technology, 2000	ROPC	PTSD Clinical Team	PTSD, Prolonged Exposure, Cognitive Processing Therapy

Matteson-Rusby, Sara	PsyD; Indiana University of Pennsylvania, 2000	Canandaigua VAMC / ROPC	Health Behavior Coordinator; Insomnia, Pain	CBT for Insomnia, CBT for Pain
Mullen, Kimberley	PhD; University of Colorado at Boulder, 2009	Veterans Crisis Line / National Call Center for Homeless Veterans	Veterans Crisis Line / National Call Center for Homeless Veterans	Evidenced-Based Treatments, Family and Couple therapy with Vets (particularly in presence of SMI and/or PTSD), Bipolar Disorder, Preparing for the EPPP
Pigeon, Wilfred	PhD; Union Institute School of Professional Psychology, Cincinnati, 2002	Center of Excellence	Epidemiology and Interventions Research Core	Treating sleep disturbances in co-morbid conditions; treating sleep disturbance as a suicide prevention strategy; Sleep disturbance as a risk factor for suicidality and suicide; CBT-insomnia; CBT-pain; treatment of nightmares
Connery, April	PhD; University of Missouri – Kansas City 2012	Canandaigua VAMC / ROPC	HBPC	Bereavement, death & dying.
Tatelman, Sheryl	PhD; Illinois Institute of Technology, 1998	ROPC	Behavioral Health Clinic; Evidence-Based Practices Coordinator	Dialectical Behavior Therapy, CBT for depression, Prolonged Exposure
Gellman, Rebecca	PhD; University at Buffalo, 2004	Canandaigua VAMC	Behavioral Health Clinic; Psychosocial Rehabilitation and Recovery Center	Forensic psychology, SMI, treatment planning, recovery
Warner, Gary	PhD, State University of New York at Buffalo, 1989	Canandaigua VAMC / ROPC	Neuropsychology, Polytrauma, research	neuropsychology, cognitive effects of blast injury, TBI

Trainees

We are hosting our forth internship class. Our current trainees include:

Katheryn Ryan

George Washinton University

Bryan Thieme

Pacific University

Local Information

The primary training site for the internship program is at the Canandaigua VA medical center, located 26 miles from Rochester in the Finger Lakes region of upstate NY. The cost of living in the region is reasonable, and interns have been able to find affordable housing in communities convenient to the training sites.